

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTOR VEHICLES
Neil Kirkman Building - Tallahassee, FL 32399-0620

MOTOR VEHICLE REGISTRATION ELIGIBILITY AFFIDAVIT / APPLICATION

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APPLICANT INFORMATION

Owner's Name		Owner's Sex - M / F / C	Date of Birth / Expiration Date	
Street Address				
City		State	Zip	
Co-Owner's Name		Co-Owner's Sex - M / F / C	Date of Birth / Expiration Date	
Street Address				
City		State	Zip	
Owner's Driver's License or FEID/Suffix Number		Co-Owner's Driver's License or FEID/Suffix Number		
Lessee's Name		Lessee's Sex - M / F / C	Date of Birth / Expiration Date	
Street Address				
City		State	Zip	
Lessee's Driver's License or FEID/Suffix Number				

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VEHICLE INFORMATION

Current Decal Number	Vehicle Identification Number	Make of Vehicle	Year	Color
Florida Title Number	Current Florida License Plate #	Type of Vehicle		Weight of Vehicle

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CERTIFICATION OF ELIGIBILITY

I hereby certify my eligibility for the following (check the appropriate box listed below): Date: _____

- ☐ **Disabled Veteran or Disabled Veteran Wheelchair license plate**
- ☐ **Non-resident Military** (Enclosed is a copy of my current orders which certify that my nonresident status has not changed.)
- ☐ **90-Day Temporarily Employed** (My signature below certifies that I am temporarily employed in Florida.)
- ☐ **Forestry Products** (My signature below certifies that I am hauling unprocessed forestry products within a 150 mile radius of the above described vehicle's home address.)
- ☐ **Agricultural or Horticultural Products** (My signature below certifies that the above described vehicle is not being operated as a "for-hire" vehicle and I am hauling unprocessed agricultural or horticultural products within a 150 mile radius of the above described vehicle's home address.)
- ☐ **X-Series license plate**
- ☐ **Other:**

Under penalties of perjury, I certify and declare that I have read the foregoing document and that the facts stated in it are true.

SIGNATURE OF APPLICANT (OWNER)

SIGNATURE OF APPLICANT (CO-OWNER/LESSEE)